

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09142382

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4	1			1		
5	1			1		
6	1					
7	1					
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
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41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	2		2			
TOTAL DEP.	5		18			
TOTAL CLAIMS	7		20			

100

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

BEST AVAILABLE COPY